

Amend Section 44-207 to read:

44-207 INCOME ELIGIBILITY

44-207

.1 The following financial eligibility test shall be applied to applicant cases.

.11 (Continued)

.111 - .112 (Continued)

---

---

**HANDBOOK BEGINS HERE**

.113 The MBSAC for the family applies in determining financial eligibility for applicants, the value of in-kind income for the AU, the amount of income from a sponsor available to a sponsored non-citizen, the period of ineligibility for non-qualifying withdrawals from restricted accounts and transfer of assets. The MBSAC amounts are set forth in Welfare and Institutions Code Section 11452.

(a) ~~See Section 44-315.311 for the MBSAC amounts as of July 1, 2012.~~ (The MBSAC figures are subject to a cost-of-living adjustment on July 1 of every year. These updates to the MBSAC figures are published by CDSS through an annual All County Letter.) See the most recent All County Letter available on the CDSS website for updated MBSAC amounts.

---

---

**HANDBOOK ENDS HERE**

.12 (Continued)

.2 (Continued)

Authority Cited: Sections 10553, 10554, 11450, 11450.025, and 11453, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11017, 11157, 11255, 11265.1, 11265.2, 11265.3, 11280, 11322.64(f), 11450.025, 11450.5, 11450.12, 11450.13, and 11451.5, Welfare and Institutions Code; 45 CFR 206.10(a)(1)(vii); 45 CFR 233.20(a)(2)(i) and (xiii); (a)(3)(ii)(F), (a)(3)(vi)(B), (a)(3)(xiv), and (a)(3)(xiv)(B); and Darces v. Woods (1984) 35 Cal. 3d 871; Petrin v. Carlson Court Order, Case No. 638381, May 12, 1993; Rutan v. McMahon, Case No. 612542-L (Alameda Superior Court) February 19, 1988; Letter from Department of Health and Human Services (DHSS), December 5, 1990; Johnson

v. Carlson Stipulated Judgment; Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994; United States Department of Health and Human Services, Office of Family Assistance, Aid to Families with Dependent Children Action Transmittal No. ACF-AT-95-10 dated September 19, 1995; and Letters from the Department of Health and Human Services, Administration for Children and Families, dated February 29, 1996, March 11, 1996, and March 12, 1996.

Amend Section 44-315 to read:

44-315 AMOUNT OF AID

44-315

.1 - .2 (Continued)

.3 (Continued)

.31 (Continued)

.32 "Family" MAP

Determine the Maximum Aid Payment (MAP) for all family members whose needs are considered in the payment month. The MAP is set forth in Welfare and Institutions Code Section 11450 et seq. MAP levels are subject to change. Updates to the MAP figures are published by CDSS through an All County Letter. See the most recent All County Letter available on the CDSS website for updated MAP figures.

---

---

**HANDBOOK BEGINS HERE**

.321 ~~MBSAC and MAP Levels\*\*\*~~ Region 1 and Region 2 Counties

(a) REGION 1 MBSAC/MAP STANDARDS

<u># in AU</u>	<u>MBSAC</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
		<u>MAP*</u>	<u>MAP*</u>
1	\$591	\$369	\$333
2	\$968	\$606	\$542
3	\$1,200	\$750	\$670
4	\$1,424	\$891	\$800
5	\$1,626	\$1,014	\$909
6	\$1,828	\$1,140	\$1,021
7	\$2,009	\$1,252	\$1,122
8	\$2,187	\$1,366	\$1,222
9	\$2,372	\$1,475	\$1,321
10 or more**	\$2,575	\$1,586	\$1,419

## REGION 2 MBSAC/MAP STANDARDS

<u># in AU</u>	<u>MBSAC</u>	<u>EXEMPT MAP*</u>	<u>NONEXEMPT MAP*</u>
1	\$560	\$351	\$315
2	\$920	\$578	\$515
3	\$1,139	\$715	\$638
4	\$1,355	\$849	\$761
5	\$1,547	\$969	\$866
6	\$1,739	\$1,087	\$972
7	\$1,907	\$1,194	\$1,067
8	\$2,082	\$1,301	\$1,164
9	\$2,249	\$1,407	\$1,258
10 or more**	\$2,449	\$1,511	\$1,350

\* See MPP Section 89-110.2 for definition of Exempt and Nonexempt AUs.

\*\* For MBSAC add twenty two dollars (\$22) for each additional needy person.

\*\*\* MBSAC Levels effective 07/01/13, MAP Levels effective 03/01/14, MBSAC levels are subject to annual Cost of Living Adjustments. MAP levels are subject to change. (See Welfare and Institutions Code Sections 11450, 11452, and 11453.)

### REGION 1 COUNTIES

Alameda      Orange      Santa Clara

Contra Costa      San Diego      Santa Cruz

Los Angeles      San Francisco      Solano

Marin      San Luis Obispo      Sonoma

### REGION 2 COUNTIES

Alpine      Lake      San Bernardino

Amador      Lassen      San Joaquin

Butte      Madera      Shasta

Calaveras      Mariposa      Sierra

Monterey	San Mateo	Ventura	Colusa	Mendocino	Siskiyou
Napa	Santa Barbara		Del Norte	Merced	Stanislaus
			El Dorado	Modoc	Sutter
			Fresno	Mono	Tehama
			Glenn	Nevada	Trinity
			Humboldt	Placer	Tulare
			Imperial	Plumas	Tuolumne
			Inyo	Riverside	Yolo
			Kern	Sacramento	Yuba
			Kings	San Benito	

---

### HANDBOOK ENDS HERE

---

.33 - .39 (Continued)

.4 - .8 (Continued)

Authority Cited: Sections 10553, 10554, 11209, 11450, 11450(g), 11450.018(a) and (b), 11452.018(a), and 11453, Welfare and Institutions Code; SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10553, 10554, 11004, 11017, 11209, 11253.5(d) and (e), 11254, 11265.2, 11265.3, 11265.46, 11265.8(a), 11323.4, 11450, 11450(g), 11450.01, 11450.015, 11450.017, 11450.018(a) and (b), 11451.018(a), 11450.02, 11450.021, 11450.022, 11450.025, 11450.026, 11450.03, 11450.5, 11451.5, 11452, 11453, and 11453(a), Welfare and Institutions Code; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12 (a)(1)(vii)].

Amend Section 89-110 to read:

89-110      MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP  
RESTRICTION

89-110

---

---

**HANDBOOK BEGINS HERE**

.1      MAP Amount

See Section 44-315.321, Handbook for the MAP levels in effect as of 3/1/2014. The MAP is set forth in Welfare and Institutions Code Section 11450 et seq. and is subject to change. Updates to the MAP figures are published by CDSS through an All County Letter. See the most recent All County Letter available on the CDSS website for updated MAP figures.

---

---

**HANDBOOK ENDS HERE**

.2      Exempt and Nonexempt AUs

Using the rules in this section, The CWD shall determine whether an AU is an Exempt or Nonexempt AU for purposes of the MAP amounts specified in Section 44-315.311 set forth in Welfare and Institutions Code Section 11450 et seq. by using the rules in this section.

.21 - .29      (Continued)

.3 - .4 (Continued)

Authority Cited:    Sections 10553, 10554, 11209, and 11450(g), Welfare and Institutions Code.

Reference:          Sections 10553, 10554, 11265.1, 11265.2, 11265.3, 11450.01, 11450.015, 11450.017, 11450.018, 11450.02, 11450.021, 11450.022, 11450.025, 11450.026, 11450.03, and 11450.5, Welfare and Institutions Code; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Memorandum of Decision and Order in Green v. Anderson, (Civ. S-92-2118) dated January 28, 1993; and Letters from the Department of Health and Human Services, Administration for

Children and Families, dated February 29, 1996, March 11, 1996, and March 12, 1996; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].